

NHYA Registration Form

NORTH HAMPTON YOUTH ASSOCIATION OFFERS: SOCCER, BASKETBALL, BASEBALL, SOFTBALL, LACROSSE

Mother's Last Name	ADULT/RESPONSIBLE PARTY INFORMATION ather's Last Name First Name			Work Phone		
Person to contact in case of emergency other than parent: Name	Mother's Last Name	First Name				
Person to contact in case of emergency other than parent: Name	Address	City		State Zip Coo	de	
Relationship			Parents Er	nail		
CHILD'S Last Name	Person to contact in case of emergency other	r than parent:				
CHILD'S Last Name						
If yes, please explain the limitations: Please circle shirt size— YOUTH: M L ADULT: S M L XL Any day your child can't practice: Mon. Tues. Wed. Thurs. Fri. We will not guarantee that we can honor practice request ls child playing any other sport during this season? Yes () No () CHILD'S Last Name First Name M/F DOB Grade Does your child have any physical/other limitations? Yes () No () If yes, please explain the limitations: Please circle shirt size— YOUTH: M L ADULT: S M L XL Any day your child can't practice: Mon. Tues. Wed. Thurs. Fri. We will not guarantee that we can honor practice request ls child playing any other sport during this season? Yes () No () I, the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of the North Hampton Youth Association, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with sports and consideration for the North Hampton Youth Association, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with sports and consideration for the North Hampton Youth Association, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with sports and consideration for the North Hampton Youth Association, its affiliated organizations and sponsors, their employees and associated personnel, including the owners of the fields and facilities utilized for the Programs, against any claim by or on behalf of the registrant is a result of the registrant's participation in the programs and or otherwise indemnify the North Hampton Youth Association for the Programs, against any claim by or on behalf of the registrant's participation in the programs and activities (the "Programs"), I hereby release, discussed personnel, including the owners of the fields and facilities utilized for the Programs, against any claim by or on behalf of the registrant's participation in the programs and or otherwise indemnify t						
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Signature Date Signature of Parent/Legal Guardian	istrant as a result of the registrant's partici or being transported to or from the sar hereby authorize.	pation in the programs and/ me, which transportation I	As the parent or hereby give my care prescribed be tor of Dentistry, tions are necessary	r legal guardian of the a consent for and author by a duly licensed Doctor This care may be given	above-named players, I rize emergency medical or of Medicine or Doc- n under whatever condi-	
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*Due to insurance regulations, all coaches and asst. coaches will be subject to a routine background check.
All coaches will need to be NYSCA Certified which will require taking a 3-hour course, time to be determined.

SPORT:	DATE:	FEE: \$	() Cash	() Check #	Received by